TR-WM-139 (5/16) Formerly ERS-10778 (6/13)



TECHNICIAN NAME (PRINT)

FACILITY REPRESENTATIVE (PRINT)

Wisconsin Department of Agriculture, Trade and Consumer Protection Bureau of Weights and Measures, Storage Tank Regulation 2811 Agriculture Drive, PO Box 7837, Madison, WI 53707-7837 Phone: (608) 224-4942

Wis. Admin. Code §ATCP 93.510

DATE

DATE

## DERGROUND TANK SYSTEM FUNCTIONALITY VERIFICAT

PLEASE TYPE OR PRINT CLEARLY - Personal information you provide may be used for purposes other than that which it was originally collected (s.15.04 (1)(m) Wis. Stats.). OWNER INFORMATION NAME TELEPHONE NUMBER: EMAIL ADDRESS: COMPANY NAME NUMBER AND STREET CITY STATE ZIP SITE INFORMATION FACILITY ID # **FACILITY NAME** SITE STREET CITY STATE 7IP DATE OF TESTING/SERVICING: ASSIGNED ANNIVERSARY MONTH: **CONTRACTOR INFORMATION** CONTRACTOR NAME: TELEPHONE/CELL NUMBER: CONTACT PERSON E-MAIL WORK ORDER NUMBER: This form must be used to document functionality testing of monitoring equipment. A separate verification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must retain these records in accordance with ATCP 93.510(2). **RESULTS OF TESTING/SERVICING** TECH'S MANUFACTURER'S CERTIFICATION NUMBER: ATG MAKE AND ☐ CSLD SOFTWARE VERSION INSTALLED: MODEL: ALL EQUIPMENT ALL FOUIPMENT ARE ALL DEFICIENCIES ☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐ NA VERIFIED AS FUNCTIONAL: CORRECTED? TESTED: NOTE: If response is "No" for any question above; send page 1 of this form immediately to DATCP via e-mail to: DATCPWeightsandMeasures@wisconsin.gov IN SECTION BELOW, DESCRIBE HOW AND WHEN DEFICIENCIES WERE OR WILL BE CORRECTED. COMMENTS: Operator was advised to hire contractor to correct ☐ YES ☐ NO ☐ NA (No deficiencies or items not inspected or verified) deficiencies or service items not inspected or verified: Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines and the system is set up correctly. Attached to this report is additional documentation (e.g. manufacturers' checklists) necessary to verify that this information is correct. For any equipment capable of generating such reports, I have also attached a copy of the following; (check all that apply): Set-up as found ☐ Set-up as left (corrections made: ☐ YES ☐ NO) ☐ Alarm History

**SIGNATURE** 

SIGNATURE

FACILITY NAME: DATE:

C. Inve	entory of T	ank Equi	pment Below check and write in the appropriate	e boxes.			
Tank Product:			☐ Manifolded Tank	Tank Product:			☐ Manifolded Tank
☐ YES	□NO	□NA	In-Tank Gauging Probe.	☐ YES	□ NO	□NA	In-Tank Gauging Probe.
Make /Mo	odel #:			Make /Mo	odel #:		
☐ YES	□NO	□NA	Tank Interstitial Sensor is functioning properly.	☐ YES	□NO	□NA	Tank Interstitial Sensor is functioning properly.
			☐ Float Type				☐ Float Type
□YES	Пио	□NA	Tank Sump Sensor installed:	□YES	П №	□ NA	Tank Sump Sensor installed:
☐ YES	_ по	_ NA	Mechanical Line Leak Detector installed.	☐ YES	□ №	_ NA	Mechanical Line Leak Detector installed.
Model:	_	_		Model:	_	_	
☐ YES		□NA	Electronic Leak Detector installed.	☐ YES		□ NA	Electronic Leak Detector installed.
Model:				Model:			
☐ YES	□NO		Tank Overfill -90% alert installed.	□ YES	□NO		Tank Overfill -90% alert installed.
☐ YES		□NA	Tank Overfill - 95% auto shut-off drop	☐ YES		□NA	Tank Overfill - 95% auto shut-off drop
			tube				tube
Tank Product:			☐ Manifolded Tank	Tank Product:			☐ Manifolded Tank
☐ YES	□NO	□NA	In-Tank Gauging Probe.	☐ YES	☐ NO	□NA	In-Tank Gauging Probe.
Make /Mo	odel #:			Make /Mo	odel #:		
☐ YES	□NO	□NA	Tank Interstitial Sensor is functioning	☐ YES	☐ NO	☐ NA	Tank Interstitial Sensor is functioning
			properly.				properly.
Model:			☐ Float Type				☐ Float Type
☐ YES	□ NO	☐ NA	Tank Sump Sensor installed:	☐ YES	□ NO	☐ NA	Tank Sump Sensor installed:
☐ YES	☐ NO	☐ NA	Mechanical Line Leak Detector installed.	☐ YES	☐ NO	☐ NA	Mechanical Line Leak Detector installed.
Model:				Model:			
☐ YES	☐ NO	☐ NA	Electronic Leak Detector installed.	☐ YES	☐ NO	☐ NA	Electronic Leak Detector installed.
Model:				Model:			
☐ YES	☐ NO		Tank Overfill -90% alert installed.	☐ YES	☐ NO		Tank Overfill -90% alert installed.
☐ YES	□NO	□NA	Tank Overfill - 95% auto shut-off drop tube	☐ YES	□NO	□NA	Tank Overfill - 95% auto shut-off drop tube
	RFILL	□ NA					
☐ YES	□ NO		tdoor audible and visual alarm to alert when the			d the 90%	fill level installed and functional?
			appropriate box(s)) Audible operating				
YES	□ NO		auto shut-off drop tubes were removed, inspe				
☐ YES	□NO	Ball floa	ts on all tanks have been removed or set high	er than the	95% auto	shut-off	drop tube valve.
E. CON	ITAINMEN	IT.					
☐ YES	□NO	□NA	Are all spill buckets intact with no evident ho	les, cracks	s, bulges,	collapsed	walls?
☐ YES	□NO	□NA	If spill bucket is designed with a plunger, is i	t functional	?	-	
YES	□NO	□NA	All tank and transition sump sensors were vi	isually insp	ected, fun	ctionally	tested, and are confirmed operational.
YES	□NO	□NA	Are all sensors installed according to manuf- positioned so that nothing will interfere with				owest point of secondary containment and
☐ YES	□NO	□NA	Have all "stand-alone" sensors been tested	and determ	nined to be	e function	al?
YES	□NO	□NA	For pressurized piping systems does the tur monitoring system detects a leak. If yes wh				
			☐ Sump sensor ☐ Dispenser sensor				ositive shut-down?
The doub	le-wall int	erstitial pi	pe is installed with the intention of functioning	as an: [	Open s	ystem	☐ Closed system
☐ YES	□NO	□NA	Test ports/fittings/boots removed or left open		dary conta	ainment "d	ppen" interstitial piping?
YES	□NO	□NA	Submersible or dispenser containment's ins penetration boots (NOTE: Liquid tight sumps				
☐ YES	□NO	□NA	Was liquid found inside any secondary conta	ainment sys	stem?		
			☐ Product ☐ Water If yes describe h	ow resolve	ed in comm	nents?	

FACILITY NAME: DATE:

F. GEN	IERAL								
☐ YES	☐ NO		Monitoring system set-up was reviewed to	ensure prop	er setting	s. Corrections	made?	☐ YES	□ NO
			Attach set up reports and a description of s	et-up corre	ctions in s	ection B, if applicable.			
☐ YES	□NO		Are there any current alarms? What:						
☐ YES	☐ NO	□NA	If alarms are relayed to a remote monitoring	g station is	all commu	nications equipment (e.g.	modem)	operationa	ıl.
☐ YES	□NO		Was any monitoring equipment replaced? list the manufacturer name and model for a				er equipme	ent replace	ed and
☐ YES	☐ NO		ATG or monitoring system's visual and aud	ible alarm(s	s) are ope	rational and functioning.			
☐ YES	□NO		All gasoline dispenser hoses passed contin	uity test. L	ist failures	in comment section			
☐ YES	□ NO		Are all dual point adaptor and vapor recovery poppet and caps functional with gaskets?						
In-Tank Gauging			uipment in	stalled.					
			☐ Check this box if tank gauge is not fu	ınctioning.					
☐ YES	□ NO		All input wiring has been visually inspected	for proper e	entry and	ermination?			
☐ YES	□NO		All tank gauging probes, visually inspected	for damage	and resid	lue buildup?			
☐ YES	□ NO		Accuracy of system product level readings	tested?					
☐ YES	□NO		Have all the tanks been checked for water?	)	Has th	e water been removed?	☐ YES	□NO	□NA
☐ YES	□NO		All probes reinstalled properly and verified	as operatior	nal. All ca	p, gasket and grommet fit	tings are	watertight?	?
☐ YES	□NO	□NA	All items on the equipment manufacturer's	maintenanc	e checklis	t completed?			
This section is in addition to the annual func Leak Detector  Check this box if no leak detection e  Check this box if leak detection is no				quipment i	s installe				
☐ YES	□ NO		Each Electronic Line Leak Detector automa	atically shut	off the su	omersible if the ELLD dete	ects a 3gp	h leak?	
☐ YES	□NO		For Electronic Line Leak Detectors have all	accessible	wiring co	nnections been visually in	spected?		
G. DISI	PENSER II	NEODMAT	TON						
Dispense		THI OTHER		Dispense	er ID:				
•		ment Sens	sor - Model:	Dispenser Containment Sensor - Model:					
2.00000			or □ NA	2.000.00				0	r □ NA
☐ YES	□NO	Shear V	alve(s) properly anchored & operational	☐ YES	□NO	Shear Valve(s) properly	anchored	d & operati	onal
☐ YES			er containment	☐ YES	Пио	Dispenser containment			
_	_	•	ufactured or  Field constructed	_	_	•			
Dispense	er ID:					☐ Manufactured or ☐	Field cons	structed	
-		Dispenser ID:			er ID:	☐ Manufactured or ☐	Field cons	structed	
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	er Containr	ment Sens	sor - Model: or □ NA			Manufactured or Manufactured o	Field cons		r 🗌 NA
☐ YES	r Containr		or 🗌 NA			ment Sensor - Model:		o	_
☐ YES		Shear V		Dispense	er Contain			o	_
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	□ NO	Shear V Dispens	or ☐ NA alve(s) properly anchored & operational er containment	Dispense	□ NO	ment Sensor - Model:  Shear Valve(s) properly Dispenser containment	anchored	o d & operati	_
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FACILITY NAME: DATE:

				Dispenser ID:			
·				Dispenser Containment Sensor - Model:			
		or ☐ NA			or □ NA		
☐ YES	□NO	Shear Valve(s) properly anchored & operational	☐ YES	□NO	Shear Valve(s) properly anchored & operational		
— □ YES		Dispenser containment	_ □ YES		Dispenser containment		
0		☐ Manufactured or ☐ Field constructed			☐ Manufactured or ☐ Field constructed		
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					or ∐ NA		
YES	□ NO	Shear Valve(s) properly anchored & operational	YES	□NO	Shear Valve(s) properly anchored & operational		
☐ YES	□ NO	Dispenser containment	YES	□NO	Dispenser containment		
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☐ YES	☐ NO	Dispenser containment	☐ YES	□NO	Dispenser containment		
		☐ Manufactured or ☐ Field constructed			☐ Manufactured or ☐ Field constructed		
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·		or □ NA			or □ NA		
☐ YES	□NO	Shear Valve(s) properly anchored & operational	☐ YES	□ №	Shear Valve(s) properly anchored & operational		
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<sup>\*</sup>If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.